

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90304 018 ***150.00

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DOCUMENT # P01000073511
 1. Entity Name
SRIVICHAR INC

Principal Place of Business Mailing Address
261 N.W. 16 STREET **261 N.W. 16 STREET**
POMPANO BEACH FL 33060 **POMPANO BEACH FL 33060**

2. Principal Place of Business 4300 US 1		3. Mailing Address 4300 US 1	
Suite, Apt. #, etc. SUITE 205		Suite, Apt. #, etc. SUITE 205	
City & State JUPITER, FLORIDA		City & State JUPITER, FLORIDA	
Zip 33477	Country PALM BEACH	Zip 33477	Country PALM BEACH



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1124539		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SRIVICHAR, CHARTNARONG 261 N.W. 16 STREET POMPANO BEACH FL 33060		7. Name and Address of New Registered Agent Name SRIVICHAR, CHARTNARONG Street Address (P.O. Box Number is Not Acceptable) 4300 US 1, SUITE 205 BLUFFS SQUARE City JUPITER FL Zip Code 33477

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *e. srivichay* **CHARTNARONG SRIVICHAR** **01/17/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SRIVICHAR, CHARTNARONG 261 N.W. 16 STREET POMPANO BEACH FL 33060	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *e. srivichay* **SRIVICHAR, CHARTNARONG** **01/17/02 (561) 694-1443**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)